CANCELLATION OF MEMBERSHIP

THIS AREA TO BE FILLED OUT BY KEA PERSONNEL

AMOUNT OF DEPOSIT _____

AMOUNT OF FINAL BILL _____

AMOUNT OF REFUND _____

DATE OF BOARD MEETING CANCELLING MEMBERSHIP _____

KOTZEBUE
ELECTRIC ASSOCIATION

Post Office Box 44
Kotzebue, Alaska 99752

Tel. 907-442-3491
Fax. 907-442-2482

NAME _____ DATE _____

COMPANY NAME (if applicable) _____

____ SINGLE MEMBERSHIP ____ JOINT MEMBERSHIP (Spouse's Name)

SERVICE LOCATION _____

MAILING ADDRESS _____
Address where final bill and/or refund of deposit should be sent. _____

I hereby wish to cancel my membership in KOTZEBUE ELECTRIC ASSOCIATION, INC. and to be refunded any deposit and member fees that may be due to me. I also understand that my deposit may be used to pay for any electric or other charges that I may owe to the Cooperative.

Signature of Applicant | Signature of Spouse (if applicable) | Date

Name of Agency (for businesses) | Signature and Title | Date